

|    |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|-------------------------------------|--|--|--|------------------|--|--|--|------------|--|---------------------|--|-------|--|---|--|-----------|--|-----------------|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1  | Unified Rate Review v4.2   |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  | Company Legal Name:  |  | Aetna Life Insurance Company State: |  |  |  |                  |  |  |  |            |  | KY                  |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  | HIOS Issuer ID:  |  | 39127                               |  |  |  |                  |  |  |  |            |  | Market: Small Group |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  | Effective Date of Rate Change(s):  |  | 01/01/2018                          |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  | Market Level Calculations (Same for all Plans)   |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Section I: Experience period data  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Experience Period:   |  | 01/01/2016                          |  | to   |  | 12/31/2016       |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |                                     |  | Experience Period  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Premiums (net of MLR Rebate) in Experience Period:   |  |                                     |  | Aggregate Amount   |  | PMPM             |  | % of Prem                                  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Incurred Claims in Experience Period   |  |                                     |  | \$0  |  | #DIV/0!          |  | #DIV/0!                                    |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Allowed Claims:  |  |                                     |  | \$0  |  | #DIV/0!          |  | #DIV/0!                                    |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | Index Rate of Experience Period  |  |                                     |  | \$0.00   |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | Experience Period Member Months  |  |                                     |  | 0  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | Section II: Allowed Claims, PMPM basis   |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  | Experience Period                   |  | Projection Period: 01/01/2018  |  | to               |  | 12/31/2018                                 |  |            |  |                     |  |       |  | Mid-point to Mid-point, Experience to Projection: |  | 24 months |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  | on Actual Experience Allowed        |  | Adj't. from Experience to  |  | Annualized Trend |  | Projections, before credibility Adjustment |  |            |  |                     |  |       |  | Credibility Manual                                |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Benefit Category   |  | Utilization                         |  | Utilization per  |  | Average          |  | PMPM                                       |  | Pop'l risk |  | Morbidity           |  | Other |  | Cost  |  | Util      |  | Utilization per |  | Average           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | Inpatient Hospital   |  | Days                                |  | 1,000  |  | \$0.00           |  | \$0.00                                     |  | 1.400      |  | 1.879               |  | 1.000 |  | 0.936   |  | 0.00      |  | \$0.00          |  | \$0.00            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Outpatient Hospital  |  | Visits                              |  | 0.00   |  | 0.00             |  | 0.00                                       |  | 1.400      |  | 1.879               |  | 1.000 |  | 0.936   |  | 0.00      |  | 0.00            |  | 1378.76           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | Professional   |  | Visits                              |  | 0.00   |  | 0.00             |  | 0.00                                       |  | 1.400      |  | 1.879               |  | 1.000 |  | 0.936   |  | 0.00      |  | 0.00            |  | 9078.89           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | Other Medical  |  | Visits                              |  | 0.00   |  | 0.00             |  | 0.00                                       |  | 1.400      |  | 1.879               |  | 1.000 |  | 0.936   |  | 0.00      |  | 0.00            |  | 6032.97           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | Capitation   |  | Benefit Period                      |  | 0.00   |  | 0.00             |  | 0.00                                       |  | 1.400      |  | 1.879               |  | 1.000 |  | 0.936   |  | 0.00      |  | 0.00            |  | 14954.87          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | Prescription Drug  |  | Prescriptions                       |  | 0.00   |  | 0.00             |  | 0.00                                       |  | 1.400      |  | 1.863               |  | 1.000 |  | 0.936   |  | 0.00      |  | 0.00            |  | 15464.11          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | Total  |  |                                     |  |  |  | \$0.00           |  |  |  |            |  |                     |  |       |  |   |  |           |  | \$0.00          |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 | Section III: Projected Experience:   |  |                                     |  | Projected Allowed Claims PMPM (w/applied credibility if applicable)              |  |                  |  | 0.00%                                      |  |            |  |                     |  |       |  |   |  |           |  | 100.00%         |  | After Credibility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 |  |  |                                     |  | Paid to Allowed Average Factor in Projection Period                              |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 0.744             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 |  |  |                                     |  | Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM                    |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | \$656.14          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 |  |  |                                     |  | Projected Risk Adjustments PMPM  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | -2.35             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 |  |  |                                     |  | Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | \$658.49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 |  |  |                                     |  | Projected ACA reinsurance recoveries, net of rein prem, PMPM                     |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 0.00              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 |  |  |                                     |  | Projected Incurred Claims  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | \$658.49          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 |  |  |                                     |  | Administrative Expense Load  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 5.53%             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 |  |  |                                     |  | Profit & Risk Load   |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 43.57             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 41 |  |  |                                     |  | Taxes & Fees   |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 25.10             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42 |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 61.41             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 43 |  |  |                                     |  | Single Risk Pool Gross Premium Avg. Rate, PMPM                                   |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | \$788.58          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 |  |  |                                     |  | Index Rate for Projection Period   |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | \$918.34          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 |  |  |                                     |  | % Increase over Experience Period  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | #DIV/0!           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 |  |  |                                     |  | % Increase, annualized:  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | #DIV/0!           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 47 |  |  |                                     |  | Projected Member Months  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  | 60                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 |  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 | Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 | disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.  |  |                                     |  |  |  |                  |  |  |  |            |  |                     |  |       |  |   |  |           |  |                 |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Aetna Life Insurance Company  
39127  
01/01/2018

State: KY  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

|   |  |                                |
|---|--|--------------------------------|
| Product                                       |  | PPO                            |
| Product ID:                                   |  | 39127KY007                     |
| Metal:  |  | Silver                         |
| AV Metal Value                                |  | 0.684                          |
| AV Pricing Value                              |  | 0.891                          |
| Plan Category                                 |  | Renewing                       |
| Plan Type:                                    |  | PPO                            |
| Plan Name                                     |  | Aetna Silver PPO<br>4000 80/60 |
| Plan ID (Standard Component ID):              |  | 39127KY0070013                 |
| Exchange Plan?                                |  | No                             |
| Historical Rate Increase - Calendar Year - 2  |  | 0.00%                          |
| Historical Rate Increase - Calendar Year - 1  |  | 12.37%                         |
| Historical Rate Increase - Calendar Year 0    |  | 15.89%                         |
| Effective Date of Proposed Rates              |  | 01/01/2018                     |
| Rate Change % (over prior filing)             |  | 2.69%                          |
| Cum'tive Rate Change % (over 12 mos prior)    |  | 15.89%                         |
| Proj'd Per Rate Change % (over Exper. Period) |  | 0.00%                          |
| Product Rate Increase %                       |  | 15.88%                         |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

|                                  |         |                |
|----------------------------------|---------|----------------|
| Plan ID (Standard Component ID): | Total   | 39127KY0070013 |
| Inpatient                        | #DIV/0! | \$11.07        |
| Outpatient                       | #DIV/0! | \$11.66        |
| Professional                     | #DIV/0! | \$9.83         |
| Prescription Drug                | #DIV/0! | \$9.74         |
| Other                            | #DIV/0! | \$67.80        |
| Capitation                       | #DIV/0! | \$0.09         |
| Administration                   | #DIV/0! | -\$19.02       |
| Taxes & Fees                     | #DIV/0! | -\$17.39       |
| Risk & Profit Charge             | #DIV/0! | -\$1.16        |
| Total Rate Increase              | #DIV/0! | \$72.62        |
| Member Cost Share Increase       | #DIV/0! | \$137.14       |

|                           |          |          |
|---------------------------|----------|----------|
| Average Current Rate PMPM | \$632.68 | \$632.68 |
| Projected Member Months   | 60       | 60       |

Section III: Experience Period Information

|                     |   |         |                |
|---------------------|---|---------|----------------|
|                     | Plan ID (Standard Component ID):  | Total   | 39127KY0070013 |
| Premium Information | Plan Adjusted Index Rate  | #DIV/0! | \$0.00         |
|                     | Member Months   | 0       | 0              |
|                     | Total Premium (TP)  | \$0     | \$0            |
|                     | EHB Percent of TP, [see instructions]   | #DIV/0! | 100.00%        |
|                     | state mandated benefits portion of TP that are other than EHB                   | #DIV/0! | 0.00%          |
|                     | Other benefits portion of TP  | #DIV/0! | 0.00%          |
|                     | Total Allowed Claims (TAC)  | \$0     | \$0            |
| Claims Information  | EHB Percent of TAC, [see instructions]  | #DIV/0! | 100.00%        |
|                     | state mandated benefits portion of TAC that are other than EHB                  | #DIV/0! | 0.00%          |
|                     | Other benefits portion of TAC   | #DIV/0! | 0.00%          |
|                     | Allowed Claims which are not the issuer's obligation:                           | \$0     | \$0            |
|                     | Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0     |                |
|                     | Portion of above payable by HHS on behalf of insured person, as %               | #DIV/0! |                |
|                     | Total Incurred claims, payable with issuer funds                                | \$0     | \$0            |
|                     |   |         |                |
|                     | Net Amt of Rein   | \$0.00  | \$0.00         |
|                     | Net Amt of Risk Adj   | \$0.00  | \$0.00         |
|                     |   |         |                |
|                     | Incurred Claims PMPM  | #DIV/0! | \$0.00         |
|                     | Allowed Claims PMPM   | #DIV/0! | \$0.00         |
|                     | EHB portion of Allowed Claims, PMPM   | #DIV/0! | \$0.00         |

Section IV: Projected (12 months following effective date)

|                     |   |          |                |
|---------------------|---|----------|----------------|
|                     | Plan ID (Standard Component ID):                              | Total    | 39127KY0070013 |
| Premium Information | Plan Adjusted Index Rate                                      | \$820.97 | \$820.97       |
|                     | Member Months   | 60       | 60             |
|                     | Total Premium (TP)  | \$47,315 | \$47,315       |
|                     | EHB Percent of TP, [see instructions]                         | 100.00%  | 100.00%        |
|                     | state mandated benefits portion of TP that are other than EHB | 0.00%    | 0.00%          |
|                     | Other benefits portion of TP                                  | 0.00%    | 0.00%          |
|                     |   |          |                |

|                    |   |          |          |
|--------------------|---|----------|----------|
| Claims Information | Total Allowed Claims (TAC)  | \$52,926 | \$52,926 |
|                    | EHB Percent of TAC, [see instructions]  | 100.00%  | 100.00%  |
|                    | state mandated benefits portion of TAC that are other than EHB                  | 0.00%    | 0.00%    |
|                    | Other benefits portion of TAC   | 0.00%    | 0.00%    |
|                    | Allowed Claims which are not the issuer's obligation                            | \$13,662 | \$13,662 |
|                    | Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0      | \$0      |
|                    | Portion of above payable by HHS on behalf of insured person, as %               | 0.00%    | 0.00%    |
|                    | Total Incurred claims, payable with issuer funds                                | \$39,264 | \$39,264 |
|                    |   |          |          |
|                    | Net Amt of Rein   | \$0      | \$0      |
|                    | Net Amt of Risk Adj   | -\$141   | -\$141   |
|                    |   |          |          |
|                    | Incurred Claims PMPM  | \$654.41 | \$654.41 |
|                    | Allowed Claims PMPM   | \$882.11 | \$882.11 |
|                    | EHB portion of Allowed Claims, PMPM   | \$882.11 | \$882.11 |





